

FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D 11944

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION .D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

_	SEC USE ONLY					
	Prefix	Serial				
	DATE R	ECEIVED				

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)						
Sale of Series B Preferred Stock						
Filing Under (Check box(es) that apply):	l Rule 504 □ Rule 505	Rule 506	☐ Section 4(6) ☐ UI	LOE		
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Type of Filing:   New Filing □ Amendm	nant					
Type of Fining. M New Fining Mainenan		TO A STEAD A STA				
	A. BASIC IDENTIF	ICATION DATA				
1. Enter the information requested about the	issuer					
Name of Issuer ( check if this is an an	nendment and name has change	d, and indicate change	.)			
Salvage Direct, Inc.						
Address of Principal Business Operations (N	Jumber and Street, City, State, 2	Zip Code)	Telephone Number (Includ	ling Area Code)		
P.O. Box 306, 116 Caldwell Street, Titusville, PA 16354  (814) 827-0300						
Address of Principal Business Operations (N	Zin Code)	Telephone Number (Including Area Code)				
(if different from Executive Offices)	S.p Code)	Totophone Tramoer (merae	ing rueu coue)			
Brief Description of Business				DDAACO		
Biter Description of Business		·		PROCESSED		
T-4411 4 19 1 1 1 1						
Internet based automobile salvage business				SEP 3 0 2002		
Type of Business Organization			,	OF A FOOT		
orporation corporation	☐ limited partnership, all	ready formed	☐ other (please specify)	THOMSON		
□ business trust	☐ limited partnership, to	be formed				
		Month Y	'ear	FINANCIAL		
Actual or Estimated Date of Incorporation or	Organization:	1 1 9	9   X Actual	☐ Estimated		
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;						
· · · · · · · · · · · · · · · · · · ·	I for Canada; FN for other forei	· ·	PIAÍ			
	101 000000, 11 101 00000 10101	8-1j				

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure To file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice

SEC 1972 (6-02) Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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## A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Joyce, Robert Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 306, 116 Caldwell Street, Titusville, PA 16354 ☐ Beneficial Owner ☐ Executive Officer ☐ Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) MLS-I, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 5790 Devonshire Road, Harrisburg, PA 17112 ☐ Executive Officer ☐ Director Check Box(es) that Apply: Promoter ☐ Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Nystrom, Jeffrey Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 306, 116 Caldwell Street, Titusville, PA 16354 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director General and/or Managing Partner Full Name (Last name first, if individual) Shoffstall, Martin Business or Residence Address (Number and Street, City, State, Zip Code) 5790 Devonshire Road, Harrisburg, PA 17112 Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) MLS-TWO, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 5790 Devonshire Road, Harrisburg, PA 17112 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					B. INI	FORMA	TION A	BOUT O	FFERIN	G			
	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No		
1.	Has the is:	suer sold, o	r does the	issuer inte	nd to sell,	to non-ac	credited in	vestors in	this offeri	ng?			$\boxtimes$
				Answe	r also in A	Appendix,	Column 2	, if filing i	under ULC	ЭE			
2.	What is the minimum investment that will be accepted from any individual? \$\\ 0\$									0			
3. Does the offering permit joint ownership of a single unit?  Yes									No				
<u> </u>													
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full	Name (Las	t name first	t, if individ	lual)									
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Bus	iness or Re	sidence Ado	dress (Nun	nber and S	treet, City	, State, Zi	p Code)						
Nan	ne of Assoc	iated Broke	r or Deale	r									
	es in Which												
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Bus	iness or Res	sidence Ado	dress (Num	nber and S	treet, City	, State, Zi	p Code)						
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	es in Which									· · · · · ·			
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[RI]		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full	Name (Las	t name nrst	, ii inaivia	iuai)									
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
State	es in Which	Person Lis	ted Has So	olicited or	Intends to	Solicit P	urchasers		<del></del>				
	eck "All Sta							•••••					All States
[AL		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL] [MT		[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the column below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price(a)	Amount Aiready Sold(b)
	Debt	\$ <u>0</u>	\$ <u>0</u>
	Equity	\$1,100,000	\$1,100,000
	☐ Common ☒ Preferred		
	Convertible Securities (including warrants)	\$0	\$0
	Partnership Interests	\$0	\$0
	Other (Specify)	\$0	\$0
	Total	\$1,100,000	\$1,100,000
	Answer also in Appendix, Column 3, if filing under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	7	\$1,100,000
	Non-accredited Investors	0	0
	Total (for filings under Rule 504 only)	N/A	N/A
	Answer also in Appendix, Column 4, if filing under ULOE		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		
	Regulation A		<del></del>
	Rule 504		
	Total		***************************************
4.a.	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs		\$0
	Legal Fees	$\boxtimes$	\$40,000
	Accounting Fees		\$0
	Engineering Fees		\$0
	Sales Commissions (Specify finder's fees separately)		\$0
	Other Expenses (identify)	<b>⊠</b> .	\$5,000
	Total	$\boxtimes$	\$45,000

b.	Enter the difference between the aggregate offering price 1 and total expenses furnished in response to Part C-"adjusted gross proceeds to the issuer."	Question 4.a. This difference i	s the			\$1,055,000		
5.	Indicate below the amount of the adjusted gross proceed used for each of the purposes shown. If the amount for estimate and check the box to the left of the estimate. equal the adjusted gross proceeds to the issuer set fort above.	any purpose is not known, furnis The total of the payments listed	sh an must					
				Payments Officers, Dire & Affiliat	ctors,	Payments To Others		
	Salaries and Fees			\$0		\$0		
				4.	1	•		
	Purchase of real estate		🗆	\$0		\$0		
	Purchase, rental or leasing and installation of machi	nery and equipment	□	\$0		\$0		
	Construction or leasing of plant buildings and facilit	ties	🗆	\$0		\$0		
	Acquisition of other businesses (including the value that may be used in exchange for the assets or security).	ities of another issuer pursuant to	a					
	merger		🗆	\$0		\$0		
	Repayment of indebtedness		🗆	\$0		\$0		
	Working Capital			\$0	$\boxtimes$	\$1,055,000		
	Other (specify)	·		\$0		\$0		
	Column Totals			\$0	$\boxtimes$	\$1,055,000		
	Total Payments Listed (column totals added)							
					\$1,05	55,000		
	D. F	EDERAL SIGNATURE						
sign	issuer has duly caused this notice to be signed by the uncature constitutes an undertaking by the issuer to furnish to mation furnished by the issuer to any non-accredited investigation.	o the U.S. Securities and Exchang	e Com	mission, upon				
	er (Print or Type)	Signature 4		Date				
Salv	age Direct, Inc.	Wolf !		9-8	20-0	7		
Nan	e of Signer (Print or Type)	Title of Signer (Print or Type)						
Rob	ert Joyce	President						
-		ATTENTION						
	Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)							